

**FILED MAY 20 1957 STANDARD CERTIFICATE OF DEATH**

State File No. **19762**

BIRTH NO. _____		REG. DIST. NO. <b>323</b>		PRIMARY REG. DIST. NO. <b>4474</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sweet Springs</b>		c. LENGTH OF STAY (in this place) <b>17 yrs</b>		c. CITY OR TOWN <b>Sweet Springs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>104 Virginia St</b>				STREET ADDRESS (If rural, give location) <b>104 Virginia St 0970</b>			
3. NAME OF DECEASED (Type or Print) <b>Ernest</b>		a. (First)		b. (Middle)		c. (Last) <b>Krause</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 29, 1871</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		9. AGE (In years last birthday) <b>86</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Florence Missouri</b>	
13a. FATHER'S NAME <b>Louis Krause</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Gieseke</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Krause</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ernest Praggan, 109 Virginia St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Acute Myocardial Infarction</b> <b>Hypertensive Cardiovascular Disease</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>15 min.</b> <b>10 years.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>54</b> , to <b>May</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Aug 12</b> , 19 <b>54</b> , and that death occurred at <b>12:15 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Fairview</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Sweet Springs, Mo.</b>		23c. DATE SIGNED <b>5-15-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 16, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sweet Springs Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 15, 1957</b>		REGISTRAR'S SIGNATURE <b>Mary Mosley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar L Mosley</b> ADDRESS <b>Sweet Springs, Mo</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1959

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Edgar L. Moseley*

Licensed Embalmer No. 4711

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.